

When does Medicare Pay for Ambulance Services?



Senior Health Insurance
Information Program

Ask SHIIP

Doris Higgins
Regional Program Manager

Q: In May I was unconscious due to a severe case of food poisoning and an ambulance was called to take me to the hospital. Medicare denied payment. When I checked with the ambulance service they said it wasn't covered. I asked for a copy of the bill and it listed the reason for transport as nausea.

A: Medicare pays for limited ambulance services to go to a hospital or skilled nursing facility when it is medically necessary and other transportation would endanger the patient's health. If the care you need is not available locally, Medicare helps pay for necessary ambulance transportation to the closest facility outside your local area that can provide the care you need. Air ambulance is paid only in emergency situations.

Also if you have symptoms that suggest that immediate care is essential, Medicare should pay. For example, if you had chest

pains and called an ambulance because you thought you were having a heart attack, but it turns out you had acid reflux instead; Medicare should still pay.

Ambulance services are covered under Part B of Medicare. You must pay a \$100 deductible for Part B services and supplies each year before Medicare begins to pay its share. Medicare will cover 80% of the Medicare-approved amount which means you will be responsible for 20%.

If Medicare denies an ambulance, or any other claim, you can appeal by following the instructions on the back of your Medical Summary Notice (MSN). You should include a letter from your doctor explaining why you needed to be transported by ambulance. Many ambulance claims are paid once they have been reexamined through the appeal process.

Sometimes claims for ambulance and other services are denied when incorrect documentation or information is given to Medicare by your provider. In your situation, you should also have the ambulance company resubmit the claim with the correct information stating that you were not just nauseated, but unconscious.

Note: Medicare mandated the implementation of a national fee schedule for ambulance services furnished as a benefit under Medicare Part B on April 1, 2002. This means that ambulance services must take Medicare's approved amount as payment in full.

This is also called taking assignment. Since this is being phased in, for the next five years payment will be based on a blend of Medicare's fee schedule and the provider's current billing method. For the next five years ambulance charges may involve an excess charge above Medicare's approved amount. If you have a supplement to Medicare your share of the approved amount (20%) and the excess charge may be covered. For questions about your ambulance bill or Medicare's payment call:

AdminaStar Federal

1-800-622-4792

Address your questions to:

Ask SHIIP
311 W. Washington Street
Ste. 300
Indianapolis, IN 46204
1-800-452-4800
Or higgins@qtm.net

For free assistance with any Medicare Claim, call your local SHIIP or the toll free hotline at 800-452-4800

SHIIP is a free, unbiased counseling program provided by the Indiana State Department of Insurance. For assistance, call your local SHIIP site to make an appointment or call the state office at 1-800-452-4800 to obtain a list of local SHIIP sites.